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CONFIRMATION NO. 7591

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|---|---|--------------------------------------|---|---|------------------------------------|
| SERIAL NUMBER 10/627,275 | FILING or 371(c) DATE 07/25/2003 RULE | CLASS 424 | GROUP ART UNIT 3737 | ATTORNEY DOCKET NO. 479,468-002 | |
| APPLICANTS Silvia Bertuglia, Pisa, ITALY; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ** 10/21/2003 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/JONATHAN CWERN/</u> Examiner's Signature | <input type="checkbox"/> Met after Allowance Initials | STATE OR COUNTRY ITALY | SHEETS DRAWINGS 10 | TOTAL CLAIMS 20 | INDEPENDENT CLAIMS 5 |
| ADDRESS O'MELVENY & MYERS LLP 610 NEWPORT CENTER DRIVE 17TH FLOOR NEWPORT BEACH, CA 92660 UNITED STATES | | | | | |
| TITLE Ultrasound-assisted ischemic reperfusion | | | | | |
| FILING FEE RECEIVED 459 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |